



Massachusetts Environmental Health Association

Application for Membership

www.maeha.org

Instructions. You have three options to apply for membership to MEHA:

- (1) Complete application and pay membership fee on MEHA's website.
- (2) Complete application on MEHA's website and send payment (check or money order) to the below address.
- (3) Complete the below application and mail it, along with payment, to the below address.

All checks must be made payable to MEHA.

Mail all correspondence to:

MEHA c/o Stephanie Seller
 PO Box 300968
 Jamaica Plain, MA 02130

Type of Application

Check one option. Membership is for one year and expires on June 30th of each year.

- New (never been a member of MEHA) – Free for one year.
 Renewal - \$40.00
 Student (submit a copy of student ID) - \$20.00
 Retired - \$20.00

First Name: _____ Last Name: _____
 Mailing Address: _____
 Town / City: _____ State: _____ Zip Code _____
 Email: _____ Phone Number _____
Address where you want MEHA correspondence delivered

Title and Employer

- Director
 Agent
 Inspector
 PH Nurse
 BOH Member
 Other: _____

Check all that apply.

- RS
 REHS /
 CHO
 MPH
 PhD
 RN
 DVM
 MD
 CEHT
 PE
 CP-FS
 EMT
 Other: _____

Would you consider yourself a subject matter expert on a particular topic?
 Yes
 No

If Yes, please list topic(s): _____

Check if permission is given to MEHA to post your contact information on MEHA's website. By doing so, you are providing a great resource for members to ask questions, obtain invaluable training, career development, and overall mentorship in order to sustain our important profession.

Would you be interested in volunteering for a special committee, etc, without the commitment of serving on the MEHA Board?
 Yes
 No

For questions, concerns, or more information, please contact Stephanie Seller at StephanieL.Seller@gmail.com.